COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKE' PG4713 First Named Inventor: Pallay Arvind BULSARA			
() Declaration submitted with initial	Complete if known: App No.:			
() Declaration submitted after initial				
				Filing Date
				Group Art Unit:
As below name	l inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
			e is listed below) or an original imed and for which a patent is	
		COMPOSIT	ION	
the specification of which	n (check only one	item below):		
[]is attached hereto. OR [x] was filed on 10 App Application Number PC applicable)			ial No or PC n (MM/DD/YYYY)	T International
I hereby state that I have as amended by any amen	dment specifically	referred to above.	the above-identified specification	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation PRIOR FOREIGN AND ANY I	nefits under 35 U. any PCT internati d have also identi onal application h	S.C. §119 (a)-(d) or §36 onal application which of fied below, by checking aving a filing date befor	lesignated at least one country the box, any foreign application e that of the application on wh	us(s) for patent or other than the United on for patent or inventor.
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	
1. 0208608.0 √	GREA	T BRITAIN	13 April 2002	Х
2. 3.				
4.				
5.				
I hereby claim the benefit under T	itle 35. United St	ites Code §119(e) of an	United States provisional app	lication(s) listed below
Application No.		Filing Date	(MM/DD/YYYY)	The state of the s
1.				
2.				
3.				

U.S. Parent Application or PCT Parent

Number

PATENTED

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Parent Filing Date

(MM/DD/YYYY)

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S BOCKET NUMBER PG4713

ABANDONED

STATUS (Check one)

PENDING

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to									
prosecute this application and to transact all business in the Patent and Trademark Office connected therewith									
Customer Number 23347 and Customer Number 20462									
Addres	s all corresponder	Direct Telephone Calls to:							
	•	1	1						
		James Riek							
<u> </u>			919 483 8022						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief									
are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so									
made a	ro ovnishable bee	Second in the diese statements were in	ade with the knowledge that w	intui taise statement	s and the like so				
made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize									
the validity of the application or any patent issuing thereon.									
	WITT NAME	FIRST, SECOND AND FAMILY NAME		· · · · · · · · · · · · · · · · · · ·					
2	FULL NAME			1					
	OF INVENTOR	Pallav Arvind BULSARA							
1-00	INVENTOR'S	Signature La kara		Date: 17-77	N-2003.				
	SIGNATURE	1 Kultur	.						
0	RESIDENCE &	CITY AND STATE OR FOREIGN COUNTRY	001	COUNTRY OF CITIZEN	HLP				
	CITIZENSHIP	WARE, HERTFORDSHIRE, GB	GBX	GB					
	POST OFFICE	POST OFFICE ADDRESS	CKTY	STATE & ZOP CODE/CO	UNTRY				
1	address	GlaxoSmithKline	Research Triangle Park	North Carolina	27709. US				
		Five Moore Drive, PO Box 13398							
	FULL NAME	PIRST, SECOND AND FAMILY NAME							
2	OF INVENTOR	Trevor Charles ROCHE		1					
	INVENTOR'S	Signature							
h -104	SIGNATURE	Jun Koclo.		Date:	• 2				
欠 。	RESIDENCE &	CITY AND STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENS	20 03				
ľ	CITIZENSHIP	WARE, HERTFORDSHIRE, GB	GBK	COUNTRY OF CITIZENS	KIP				
	POST OFFICE	POST OFFICE ADDRESS	(ab)()	STATE & ZIP CODE/CO					
2	ADDRESS	GlaxoSmithKline	Decemble Tringels Boots						
_	ALL DIALOS		Research Triangle Park	North Carolina	27709, US				
		Five Moore Drive, PO Box 13398							
	FULL NAME	FIRST, SECOND AND FAMILY NAME			•				
2	OF INVENTOR								
	INVENTOR'S	Signature	Date						
	SIGNATURE								
0	RESIDENCE &	CITY AND STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENS	HIP				
	CITIZENSHIP	:							
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COT	INTRY				
3	ADDRESS			1					
]									
	FULL NAME	FIRST, SECOND AND FAMILY NAME		·					
2	OF INVENTOR			ł					
Ì	INVENTOR'S	Sicasture		Date:					
ı	SIGNATURE		Dates						
o t	RESIDENCE &	CITY AND STATE OR FOREIGN COUNTRY		COUNTY OF CONTY					
· · ·	CITIZENSHIP	The street of th		COUNTRY OF CITIZENS	KIP				
· · · · · · · · · · · · · · · · · · ·	POST OFFICE	POST OFFICE ADDRESS	CITY						
4	ADDRESS		GILL	STATE & ZIP CODE/COUNTRY					
· 1	ADDAESS			ľ					